

1267

This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index <u>123</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>75</u>	
Town of <u>Globe</u>		Local Registrar's No. _____	
or <u>Globe</u>	(No. _____ St; _____ Ward)		
City of <u>Globe</u>			
FULL NAME OF CHILD <u>Thelma Louise Wilson</u>		Born <input checked="" type="checkbox"/> YES	
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/> NO	
Sex of Child <u>Female</u>	Twin, Triplet or other <u>Other</u>	and <u>1</u>	Number in order of birth <u>1</u>
	Legitimate? <u>yes</u>	Date of Birth <u>Jan 30 1915</u>	(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Oscar R. Wilson</u>		Full Maiden Name <u>Nannie B. Stephens</u>	
Residence <u>Globe, Ariz.</u>		Residence <u>Globe, Ariz.</u>	
Color or Race <u>White</u>		Color or Race <u>White</u>	
Age at last Birthday <u>27</u> (Years)		Age at last Birthday <u>21</u> (Years)	
Birthplace <u>New Mexico</u>		Birthplace <u>Elkhorn, Montana</u>	
Occupation <u>Stenographer & Clerk</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>	
		Were precautions taken against Ophthalmia neonatorum? <u>YES</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Jan 30 1915</u> , at <u>9 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.			
(Signature) <u>[Signature]</u>			
Address <u>[Address]</u>			
LOCAL REGISTRAR.			
COUNTY REGISTRAR.			